

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10581267

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8		7				
9		7				
10	1					
11						
12						
13						
14						
15						
16						
17		6				
18	1					
19						
20						
21						
22						
23						
24						
25						
26						
27	1					
28						
29						
30						
31						
32						
33						
34	1					
35						
36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45	1					
46						
47						
48	1					
49						
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53		1				
54		3				
55		3				
56		3				
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96						
97						
98						
99						
100						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	91	←		←		←
TOTAL CLAIMS	101					